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RICHARD M. ARMSTRONG - Director

## **MEDICAID INFORMATION RELEASE MA08-01**

TO:

Primary Care Physicians, Mental Health Clinics and Hospitals

FROM:

Leslie M. Clement

Administrator

**SUBJECT:** 

**Telemedicine** 

This information release describes billing and service requirements for providing limited Medicaid mental health services through telemedicine technology and replaces information release MA04-37 (TELEMEDICINE). Medicaid will pay for telemedicine services that meet the requirements detailed in this release for **dates of service beginning January 1, 2008.** The following codes and modifier may only be used for telemedicine services provided by a physician:

- 90862 (pharmacological management, including prescription, use, and review of medication with no more than minimal medical psychotherapy).
- 90805 (psychotherapy, 20-30 minute session with the participant).
- 90801 (psychiatric diagnostic interview examination, includes history, mental status, and disposition).

Claims must include modifier "GT".

Physicians providing such services must bill Medicaid utilizing their Physician Provider Number. The service may occur wherever the telehealth equipment is located. This represents a change in policy from allowing telemedicine services to be provided exclusively in mental health clinics as the "place of service." Medicaid Information Release MA08-01 Telemedicine Page 2

### **Technology**

For Medicaid payment to occur, interactive audio and video telecommunications must be used permitting real-time communication between the distant site Physician and the Medicaid participant. This communication must have sufficient quality to assure the accuracy of the assessment, diagnosis, and visible evaluation of symptoms and potential medication side effects. As a condition of payment, the patient must be present and participating in the telemedicine visit. All interactive video telecommunication must comply with HIPAA patient privacy regulations at the originating site where the participant is located, the distant site where the physician is located, and in the transmission process. If distortions in the transmission make adequate diagnosis and assessment improbable and a presenter at the originating site where the participant is located is unavailable to assist, the visit must be halted and rescheduled. It is not appropriate to bill for portions of the evaluation unless the exam was actually performed by the billing provider.

The originating site may bill the following code with no modifier for reimbursement for the transmission of the telehealth services:

• Q3014 Telehealth originating site facility fee (1 unit = 1 site transmission).

The distant site may bill the following code with no modifier for reimbursement for the transmission of the telehealth services:

• T1014 Telehealth distant site facility fee (1 unit = 1 site transmission).

Effective 01/01/2008 - Revenue code 780 will be payable to hospital providers only on outpatient bill type 13X. It will require the corresponding HCPC code from above. Reimbursement will be a fixed rate for the facility fee for site transmission.

#### **Standards**

In order to obtain Medicaid reimbursement for services delivered through telehealth technology the following standards must be observed:

- The referring physician is responsible to maintain standards of care within his identified scope of practice.
- The services must be medically necessary and follow generally accepted standards of care.
- Physicians providing care at a distance are required to maintain current Idaho licensure.
- Services are to be billed in accordance with applicable sections of the IDAPA.
- Claims must be made according to Department billing instructions.
- The same procedure codes and rates apply as for services delivered in person.

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- Quality assurance/improvement activities relative to telemedicine delivered services need to be identified, documented, and monitored.
- Providers need to develop and document evaluation processes and participant outcomes related to the telemedicine program, visits, provider access, and participant satisfaction.
- All service providers are required to develop and maintain written documentation in the form of progress notes. The notes should be the same as is originated during an in-person visit or consultation, with the exception that the mode of communication (i.e. teleconference) should be noted.
- Participant consent and other releases should be developed and maintained in the participant's permanent record.
- If an operator who is not an employee of the involved agency is needed to run the teleconferencing equipment or is present during the conference/consultation, he/she should sign a confidentiality agreement. This statement should be filed with other documentation of the teleconference, such as a post-conference evaluation form.
- Before an initial visit using telemedicine, the practitioner who delivers the service to a
  participant shall ensure that written information is provided to the participant in a form
  and manner which the participant can understand using reasonable accommodations
  when necessary.
- If the participant (or legal guardian) indicates at any point that he wants to stop using the technology, the service should cease immediately and an alternative appointment set up.

If you have any questions regarding this information, please contact Diane Miller, Mental Health Policy Specialist, at: (208) 364-1844. Thank you for your continued participation in the Idaho Medicaid program.

#### IDAHO MEDICAID HANDBOOK

This information release adds information to the following sections of your Idaho Medicaid Provider Handbook dated January 1, 2008: Physician/Osteopath Guidelines 3.8.3.

LMC/pg